FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: \$15-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

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2010 JUL 19 AH 7:50

	Reset Form	n 🖁	
COMMITTEE NAME (Must be same as on Statement of Organ		T HA	cripto
Dmith for Superviso	~	FORM	
IMPORTANT: Indicate by # type of committee you are reporting for [(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candid Subdivision Candidate (8) County PAC (9) City PAC (10) School Bd 11) Local Ballot Issue)State PAC (3)State Party	DR-2 (Rev. 12/2009)	
		Comm.#	15591
CANDIDATE COMMITTEES ONLY:		Logged In	
Robert V. Smith	Political Party (if applicable) Republican	Scanned	1
County Supervisor	District (if Senate or House)	Audited 5	
ate reports are subject to possible civil and original conclusion	uant to Iowa Code sections 68B.32A(7) and 68A.401(3), the c	andidate, for a
candidate's committee, and the chairperson, for any other type of co	mmittee, is the individual responsible f	or filing timely and accu	rate reports.
al heigh mill	712-647-3029	7-1	7-2010
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	-	*****
		UATE	SIGNED
AMFILINGA July 19, 2010	_ REPORT FOR (1) ELECTION /(2) NON EL EQUIDA	THE RESERVE OF THE PERSON NAMED IN
(report date)		2)NON-ELECTION Y	EAR.
CHECK IF AMENDMENT TO REPORT DATED	Indicate by #		
TO NEPONT DATED	Lo	ocal Committees, enter D	ate of Election
Check if this is final (termination) report and attach Notice of I (You must continue to file reports until a DR-3 is filed.)	100	Nov. 2 2. Dounty & Local Committee nich Election is held Harri Son	s, enter County in
STATEMENT OF CASH ON HAND		A. H. P. C. S. C.	MINE WAY THE THE PARTY AND ADDRESS OF
ASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the cas of the last reporting period or must be zero if this is first			00-
ADD TOTAL MONEY TAKEN IN THIS PERIOD	- op of the of	3	-
Schedule A: Cash Contributions total (Attach Schedule	A) (*also soo in kind halaw)	10	
Schedule F: Loans Received total (Attach Schedule F)	A) (also see in-kind below)		0
Schedule H: Total Sales of Campaign Branch: (Allert			9
Schedule H. Total Sales of Campaign Property (Attach	Schedule H)		0
(Schedule H applies to Candidates' Committee			2.1.1
SUPTRACT TOTAL	SUB-TOTAL	\$	300.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			
Schedule B: Expenditures total (Attach Schedule B) (**a	also see debts and loans below)	/	3425
Schedule F. Loan Repayments total (Attach Schedule F)	and the same of th	0
ASH ON HAND at the end of this reporting period (if final report	balance must be zero)	\$ _ / (5.75
JNPAID BILLS (From Schedule D - Attach Schedule D)		THE RESERVE OF THE PARTY OF THE	TO A COMMENT OF THE PARTY OF TH
KIND CONTRIBUTIONS (From Schedule E - Attach Schedule	E)		0
DUTSTANDING LOANS (From Schedule F - Attach Schedule F		s _ 2 k	,82.91
NSULTANT BREAKDOWN (Schedule G Attached?)]	\$	0
NDIDATE COMMITTEES ONLY:		YES X	NO
LUE OF CAMPAIGN PROPERTY (From Schedule H - Attach S ATE COMMITTEES: Submit a reconciled campaign account ba	ichedule H)	s	8650
	aniuary of each year	di	

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

SMITH FOR Sufferior

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
5/20/10	ID# CK#	Craig Kelley d. 1985 Vienne Aug Woodbine, IA 51579 Robert Eby 107 fischer dr. Woodbine, IA - 51579	Frital	s (00-	INCOME
5/26/10	CK#	Novert Eby 107 fischer dr. Woodle ine, It - 51579	Friend Friend	5000	
ē	CK#				
	ID#				
	ID#				
	CK#				
	ID# CK#				
	ID#				
	CK#				
	ID# CK#				
	D#				
	D#				
	CK#				
The same of the sa	Marie III, auto tod milandanas and		SUB-TOTAL 3		
sclosure law requir	es candidate committees	TOTAL (If last page of to disclose the relationship of any relative making a costs by the second	this schedule)	150	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule A)

FOR	INS	TRUC	CTIONS	SEE	RA	CK	OF	FO	201

Reset	Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES. LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	K THIS BOX IF

COMMITTE	E NAME (Must be	same as on Statement of Organization)		
	Smith	for Supervisor		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
// /	NUMBER ID#	M 11 11 - 75		
6/11/10	CK#	Missouri Valley Times Sol E. Erie Mo Valley IA 51555	Thank-you ad	\$ 13425
	ID#	1 th 3023		
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$ /3425

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

0		
Page	of	

COMMITTEE NA	ME (Must be same as on Statement of Organization)		CHEDULE D INCURRED (Rev. 08/98) INDEBTEDNES
21	MITH FOR Supervisor		
NOTE: Debts pre	viously reported that remain unpaid must be included on this as well as any new obligations incurred in this period.	Reset Form	IF AMENDING FORM
DEBTS/OBLIC (DO NOT INCI	SATIONS REMAINING THIS REPORTING PERIOD LUDE LOANS SHOW LOANS ON SCHEDULE F	er er	n "incurred debt" is a debt for gods or services ordered or sceived, but not paid for by the nd of the reporting period., gardless of whether an invoice as been received.
NCURRED MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OF SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
			\$
		SUB-TOTA	
	TOTAL DEBTS OWED BY COMMITTEE AT THE E		

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:

'Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

Page __

(for Schedule D)

	JCTIONS, SEE BACK OF FORM			SCHEDULE	
COMMITTI	Mith Lov Superisor			(Rev. 06/97)	IN-KIND CONTRIBUTIONS
	Mille to Supervisor		Reset Form	CHECK AMEND	THIS BOX IF
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)		ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
5/16/10	Renew Andreson	Fred	pot up 5.945	6	
5/24/10	Robert Smith	Same	cash lad	2835	
6/11/10	Robert Smith	Same	tash (ad	12750	
6/14/10	Robert Smale	Same	cash bd	76	
0/16/10	Robert Small	Same	eash (cond	2, 13	
12/10	Robert Small	Same	cash (candy	4553	
23/10	Robert Smill	Same	cash signs	208650	
			SUB-TOTAL	2682 91	
			TOTAL (if last page of this	2682 91	

Page of (for Schedule E)

^{*}Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

MMITTEE NAM	IE(Must be same as on Statement of (Organization)		F LOAN
ith for Super	visor			(Rev. 02/08) RECEIV & REPA
E: This sched	ule reports money loaned to the comm	nittee which is deposited in	the committee account.	CHECK THIS BO
	DANS FROM <u>LAST</u> REPORTING PER			AMENDING FORM
TI- MONETA	RY LOANS RECEIVED THIS REPOR	RTING PERIOD		
(Original	source of loan, such as a bank, must b	be shown if a third party is	involved. Include loans from	candidate's personal funds.)
DATE	NAME AND ADDRES	SS OF LENDER	RELATIONSHIP	TO AMOUNT OF
RECEIVED (MM/DD/YR)	(Include Endorser's Na	ime, If Applicable)	CANDIDATE (If Appl	TO AMOUNT OF LOAN icable*)
6/15/2010	Cheryl Smith		wife	\$ 100.00
			TOTAL (PART I)	s 100.00
(======================================	ARY LOAN REPAYMENTS MADE TH rgiven must be reported on Schedule	E In-kind Contributions.,	TOTAL (PART I)	\$_100.00
T II - MONET, (Loans fo	ARY LOAN REPAYMENTS MADE <u>TH</u> rgiven must be reported on Schedule NAME AND ADDRESS (Include Endorser's Nam	E In-kind Contributions.,		O AMOLINT REPAID
DATE PAID	NAME AND ADDRESS	E In-kind Contributions.,	RELATIONSHIP T	O AMOUNT REPAID
DATE PAID	NAME AND ADDRESS	E In-kind Contributions.,	RELATIONSHIP T	O AMOUNT REPAID
DATE PAID	NAME AND ADDRESS	E In-kind Contributions.,	RELATIONSHIP T	O AMOUNT REPAID
DATE PAID	NAME AND ADDRESS	E In-kind Contributions.,	RELATIONSHIP T	O AMOUNT REPAID
DATE PAID	NAME AND ADDRESS	E In-kind Contributions.,	RELATIONSHIP T	O AMOUNT REPAID
DATE PAID	NAME AND ADDRESS (Include Endorser's Nam	E In-kind Contributions.,	RELATIONSHIP T CANDIDATE* (If Applie	O AMOUNT REPAID
DATE PAID	NAME AND ADDRESS (Include Endorser's Nam	E In-kind Contributions.,	RELATIONSHIP T CANDIDATE* (If Applie) REPAYMENTS (PART II) RL LOANS FORGIVEN	O AMOUNT REPAID

of _____ of ____

COMMITTEE NAME (M	used by CANDIDATES' COMMust be same as on Statement of Organization) FOR Supervisor	RESET	CAMPAIGI (Rev. 02/08) PROPERT ATTACH SCHEDULE H EACH REPORT, MAKE CHANGES AS REQUIR
Date Purchased (Schedule B)	S INVENTORY OF CAMPAIGN PROP	ERTY Purchase Price or Est. Value	CHECK THIS BOX
or Date Received (Schedule E) (MM/DD/YR)	Description of Property	When Acquired*	Current Value at Fair Market This Report
6/23/10	4x8 signs	208650	Same
estimated, show est be	N PROPERTY THIS REPORT (TRANSFER TO SESSION FIGURE). R TRANSFERS OF CAMPAIGN PROP		6 50

Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation
	Name and Address of Purchaser/Donee	Name and Address of Purchaser/Donee Description of Property	Soid?	Sale Price

			THE RESERVE OF THE PERSON NAMED IN
** PROPERTY SALES & TRANSFERS TOTAL (Attach Additional Schedules if Needed)	(TRANSFER TO SUMMARY PAGE) \$	TOTALS	\$ \$\$
			-

Page _____of____Pages (For Schedule H)